indit	card
Unaci	Care

10-4-04

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09/89760 9

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE				HER THAN ALL ENTITY	
TOTAL CLAIMS		35,					RATE	FEE		RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 3.			32 minu	32 minus 20= 12				X\$ 9=		OR	X\$18=	216
INDEPENDENT CLAIMS 4 minus 3 =				1			X40=		OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PRESENT					•			+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1006	
CLAIMS AS AMENDED - PART II								10174		ļ	OTHER	
(Column 1) (Column 2) (Column 3)						<u> </u>	SMALL E		OR	SMALL	, <u>-</u>	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 40	Minus	** 3	2	= 8		X\$ 9=		OR	X\$18=	144
AMENDMENT	Independent	• 4	Minus	*** 4	,	= kg		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM		J	+135=		OR	+270=	
							į	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDN. FEC		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	•	Minus	**		=]	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***	- 01 0114	=	4	X40=	1	OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIM		J	+135=		OR	+270=	
	•	•						TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
	,	(Column 1)		(Colu	ımn 2)	(Column 3	<u>)</u>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	ï
ME	Independent	•	Minus	***		=	4	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ل	+135=		OR	+270=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOH ADIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH												